

EXHIBIT A

FRAME: H 16

NATIONWIDE AUTO POLICY
DECLARATIONS

Page 1 of 2

These Declarations are a part of the policy named above and identified by policy number below. They supersede any Declarations issued earlier. Your policy provides the coverages and limits shown in the schedule of coverages. They apply to each insured vehicle as indicated. Your policy complies with the motorists' financial responsibility laws of your state only for vehicles for which Property Damage and Bodily Injury Liability coverages are provided.

Policy Number: DB Account Number
52 07 A 733616 592993

Issued:
SEP 11, 2002

Policyholder:
(Named Insured)
THOMAS A &/OR
ROBERTA L JAMES
14908 CONCORD ROAD
SEAFORD, DE
19973-8293

Policy Period From:

SEP 22, 2002 to MAR 22, 2003 but only if the required premium for this period has been paid and only for six month renewal periods if renewal premiums have been paid as required. This policy is initially effective at (1) the time the application for insurance is completed, or (2) 12:01 a.m. on the first day of the policy period, whichever is later. Each renewal period begins and ends at 12:01 a.m. standard time at the address of the named insured stated herein. This policy cancels at 12:01 a.m. at the address of the named insured stated herein.

IMPORTANT MESSAGES:

NOTICE: THE COVERAGES YOU HAVE SELECTED, AS SHOWN IN THIS DECLARATIONS, ARE SUBJECT TO THE EXCLUSIONS, LIMITATIONS, AND CONDITIONS OF COVERAGE DETAILED IN YOUR POLICY. IN SOME CASES YOUR COVERAGE MAY BE LIMITED TO THE MINIMUM LIMITS OF COVERAGE REQUIRED BY THE DELAWARE FINANCIAL RESPONSIBILITY LAW OR THE DELAWARE MOTORISTS PROTECTION ACT. ON THE DATE THIS DECLARATIONS WAS ISSUED, THOSE LIMITS ARE:

AUTO LIABILITY: \$15,000 PER PERSON, \$30,000 PER OCCURRENCE FOR BODILY INJURY
\$10,000 FOR PROPERTY DAMAGE

NO-FAULT: \$15,000 PER PERSON, \$30,000 PER OCCURRENCE FOR BODILY INJURY
\$10,000 FOR DAMAGE TO PROPERTY OTHER THAN A MOTOR VEHICLE

IT IS IMPORTANT THAT YOU READ YOUR POLICY CAREFULLY.

SEE ENCLOSED NOTICE FOR PREMIUM DETAIL

INSURED VEHICLE(S) & SCHEDULE OF COVERAGES

Coverages	Limits Of Liability	Six Month Premium
2 1992 FORD TAURUS L ID #1FALP50U7MAZ77289		
COMPREHENSIVE	ACTUAL CASH VALUE LESS \$ 100	\$ 25.70
COLLISION	ACTUAL CASH VALUE LESS \$ 250	\$ 65.30
PROPERTY DAMAGE LIABILITY	\$ 60,000 EACH OCCURRENCE	\$ 49.60
BODILY INJURY LIABILITY	\$ 100,000 EACH PERSON	
	\$ 300,000 EACH OCCURRENCE	\$ 117.50
LOSS OF USE BROAD FORM	ENDORSEMENT 3022	\$ 12.00
	\$ 25 PER DAY	
	\$ 800 PER ACCIDENT	
PERSONAL INJURY PROTECTION	SEE POLICY	\$ 35.50
AND DAMAGE TO PROPERTY		
OTHER THAN MOTOR VEHICLE		
	TOTAL	\$ 305.50

"Based upon information and belief,

this is a true and correct copy of the
Policy for Policy # 5207A733616

as of 2-7-2003

Anthony J. Robertson

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FRAME: I 16

V-0100-A

FRAME: I 16

Page 2 of 2

1 1998 FORD RANGER

ID #1FTCR10A9T7D0832

Coverages

Limits Of Liability

Six Month Premium

COMPREHENSIVE

ACTUAL CASH VALUE LESS \$ 100

\$ 30.10

COLLISION

ACTUAL CASH VALUE LESS \$ 250

\$ 75.40

PROPERTY DAMAGE LIABILITY

\$ 50,000 EACH OCCURRENCE

\$ 48.60

BODILY INJURY LIABILITY

\$ 100,000 EACH PERSON

\$ 110.20

LOSS OF USE BROAD FORM

\$ 300,000 EACH OCCURRENCE 3022

\$ 12.00

PERSONAL INJURY PROTECTION

\$ 25 PER DAY

\$ 33.30

AND DAMAGE TO PROPERTY

\$ 500 PER ACCIDENT

OTHER THAN MOTOR VEHICLE

SEE POLICY

TOTAL \$ 307.50

LIENHOLDER-WILMINGTON TRUST CO

LIEN EXPIRES ON AUG 31, 2003

POLICY COVERAGES

Coverages

Limits Of Liability

Six Month Premium

UNINSURED MOTORISTS

\$ 100,000 EACH PERSON

\$ 82.00

-BODILY INJURY

\$ 300,000 EACH OCCURRENCE

-PROPERTY DAMAGE

\$ 10,000 EACH OCCURRENCE LESS

\$250 DED

TOTAL \$ 82.00

VEHICLE CLASSIFICATIONS

Premium Is Based On:

1992 FORD

1998 FORD

USE OF VEHICLE

PLEASURE

PLEASURE

RATED DRIVER

FEMALE
ADULT AGE 48
PRINCIPAL
MARRIEDMALE
ADULT AGE 47
PRINCIPAL
MARRIED

APPLIED DISCOUNTS

PASSIVE RESTRAINT
-AIR BAG FULL
MULTI CAR
LONG TERMPASSIVE RESTRAINT
-AIR BAG FULL
ANNUAL MILEAGE
MULTI CAR
LONG TERM

SPECIAL RATING

SAFE DRIVER

SAFE DRIVER

RATING SYMBOLS

013-013 00

013-012 00

Policy Form & Endorsements: V0070

Office Use: A 733617 A 733654

AUG 22, 2002

TERR: 012

\$ 338.40-

Issued By: NATIONWIDE MUTUAL INSURANCE COMPANY

Home Office - Columbus, Ohio

CounterSigned At: WILMINGTON, DEL.

By: WM KEITH

CULVER

IMPORTANT PHONE NUMBERS

Nationwide 24-Hour Claims Number: 1-800-421-3535

For QUESTIONS About Your Policy, Call Your NATIONWIDE AGENT: W. CULVER

302-829-2510

For Hearing Impaired: TTY 1-800-822-2421

Nationwide Regional Office: 352-377-8500

FRAME: J 16

NATIONWIDE AUTO POLICY